

## BOOK REVIEWS

### **Educating the Reflective Practitioner. Towards a New Design for Teaching and Learning in the Professions.**

Donald A Schön (pp355; £10.50pb) Oxford and San Francisco: Jossey-Bass, 1991. ISBN 1-55542-220-9.

Relatively early in my own professional clinical practice I was deemed senior enough to take on the supervision of trainees. My initial pride and sense of achievement at being allowed to join the grown ups was rapidly dispelled by an anxiety that the trainees would find me out. Junior as I was, I knew that my own practice no longer conformed to the literature I had read in my own training years, and I also knew that my trainees were likely to be better read and more up to date than me. Sure enough, as they observed my practice they unfailingly asked difficult questions, such as, "Why did you do that?" It took time before I was confident enough to say, "I don't know," longer to say, "That's interesting, let's think about that," and longer still to learn to ask and listen to the answers to questions like "What's helping you to learn?" Gradually I discovered that by working actively with trainees I learnt more about my own practice in a more explicit way, and my practice went on improving. Gradually I think I also became a better teacher.

In my present work with clinicians of many professions and with managers in the NHS and social services one of my pleasures is to ask very experienced practitioners to talk about what they believe is the essence of good practice. Older and experienced people mostly seem to find that relatively easy, with a little encouragement. What seems harder is for them to say what it is, other than years of experience, which has enabled them to become not only skilled but confident about their skill and comfortable about describing what they do as craft or artistry as much as the application of science in any conventional sense.

Both the issue of the nature of good professional practice and the way in which it is acquired are the essence of Donald Schön's work. In this book he goes further and explores how it might be actively accelerated. In so doing, he at last makes the real stories respectable and even to be celebrated, rather than being somewhat illicit secrets. His starting point was not health and social care but architecture and music. For me, moving outside the usual areas of my professional concern was surprisingly illuminating. Some of the detail eluded and even bored me, but the principles and their application to my own concerns were stimulating, challenging, and exciting.

The pursuit of good practice in the real and messy world we work in seems to me,

to quote Schön, to be "of the greatest human concern." He likens this world vividly to "a swampy lowland" whose messy and confusing problems often defy technical solution, unlike the "high, hard ground [where] manageable problems lend themselves to solution through the application of research based theory and technique." It is not that he seeks to deny the utility of research and theory but rather that he seeks to turn conventional definitions and approaches on their heads. Douglas Adams recently wrote that "Assumptions are the things we don't know we've got." Schön has interesting ways of making our assumptions overt. We then find it easier to highlight those which are useful for the issues that concern us and to discard the ones which are not. He describes his work as a journey. He hasn't arrived, but he has travelled a long way. Whether our interest is in improving our own practice, in helping others, or in the pursuit of the apparently elusive holy grail of quality, his book offers useful guidance for those seeking to travel through the low swampy ground without embarrassment and being eaten by crocodiles or shot at from the high ground.

Now that this book is available in paperback, buy it. Leave it on your desk or by the bathtub. Dip into it. Reflect a little. Get on with your work. Repeat as required.

SHEILA DAMON

*Fellow in Organisational Behaviour*  
Adams D, Cawardine M, *Last chance to see*, London: Hutchinson, 1990.

**Managing Change in Primary Care.** Pringle M, Bilkhu J, Dornan M, Head S (pp105, £12.50). Oxford: Radcliffe Medical Press, 1991. ISBN 1-870905-91-1.

I have always found it slightly odd that there should be a theory of change. The concept implies that there must be an alternative – namely, remaining the same – but as everything in life is constantly changing continual change has surely come to be accepted as the norm. How can a theory about normality be anything other than obvious and trivial? This simple view is contradicted by the depressing lessons of quality assurance that have accumulated over the past twenty years. That deceptively simple stage in audit, the introduction of appropriate change, is notoriously difficult to achieve. An overwhelming majority of reported audits fail to include the stage of attempting change. The most important challenge facing the proponents of quality assurance is to show that all the money and expertise that is expended does lead to improvements in care. The publication of a text on change is therefore timely to say the least. Does it contain the solution to the problem of change?

The model of change offered by the authors is taken from that identified by the behavioural sciences in recent years. It used to be thought that people will do what they are told as long as you shout at them loudly enough. This is the theory on

which medical education was founded, and it has been the usual method of practice management for decades. Sadly, the belief is still held by many who profess to understand audit. With the new model you have to stop shouting and start to listen. No doubt many doctors will find this an impossible recommendation. The model has been adapted in a few industries by some more enlightened managers but has yet to be widely appreciated and will be new to most doctors. The stages of change are described, from the preliminary examination of the motives and priorities of the members of the practice and the problems they face to the point at which change is securely completed. A final section considers the implications for practice management. The book is a practical introduction to the subject and not an academic review. The convolutions of language beloved by the behavioural scientists have been largely avoided and the steps leading to successful change are clearly described. The text is enlivened by a liberal supply of cartoons, but the heart of the message is contained in the case studies. These are reports of true events in practice teams that have been slightly modified to ensure anonymity. I enjoyed these convincing accounts and they helped me to think about events in my own practice in a different way.

It should be pointed out that, although the title suggests that primary care will be the focus, the preoccupation of the book is with general practitioners and practice managers. This is a pity as others in practice teams and community services have as much to learn about change. Doctors in hospital practice who have interests in management and audit might also find this book a useful introduction to an important subject. I am left with two impressions. Firstly, that to introduce change I need to understand and accommodate the personal concerns of the people with whom I work and, secondly, that to ensure this level of cooperation with the many colleagues in my practice team will demand increasingly advanced practice management. The solution this book presents to the problem of change is therefore one of improved practice management that makes use of lessons from behavioural science. I hope I can incorporate this solution into my practice before the alternative of more aggressive management from outside the practice takes hold.

RICHARD BAKER  
*General Practitioner*

**Providing Quality Care – The Challenge to Physicians.** Coldfield N, Nash DB, eds (pp 259, £16.50). American College of Physicians, 1989. Distributed in the United Kingdom by the BMJ: ISBN 0-943176-11-8.

Anyone planning to scan the literature on quality, particularly the quality of medical care and the performance of doctors, must include the *Annals of Internal Medicine* in their scanning. Its publisher, the American